## 10/801,366 Application Serial Number Filing Date MARCH 15, 2004 EDWARD F. LEONARD First Named Inventor Group Art Unit TRANSMITTAL KIM SUN U Examiner Name **FORM** 20916-004US Attorney Docket No. Patent No. Not applicable Issue Date Not applicable ENCLOSURES (check all that apply) Copy of Notice to File Missing Request for Certificate of Fee Transmittal Form Parts of Application (PTO-1553) Correction ☐ Check Attached Certificate of Correction (in duplicate) Copy of Fee П Formal Drawing(s) Transmittal Form $\boxtimes$ Notice of Appeal to Board Request For Continued of Patent Appeals and Interferences Amendment/Response Examination (RCE) Preliminary Transmittal П Appeal Brief (in triplicate) After Final П Affidavus-Affidavits/declaration(s) П Power of Attorney Status Inquiry (Revocation of Prior Powers) П Return Receipt Postcard Draftsperson including Drawings П Certificate of Facsimile П Terminal Disclaimer Total Sheets Transmission under 37 C.F.R. 1.8 П Executed Declaration and Power Ø Petition for Extension of Additional Enclosure(s) of Attorney for Utility or Design Time (3 months - less credit Patent Application (please identify below) for 2-month filed 1/12/07) Information Disclosure П Small Entity Statement Statement Form PTO-1449 П CD(s) for large table or computer Copies of IDS Citations program Amendment After Allowance Certified Copy of Priority П Document(s) П Sequence Listing submission Paper Copy/CD Computer Readable Copy Statement verifying identity of above SIGNATURE BLOCK CORRESPONDENCE ADDRESS PATENT ADMINISTRATOR Direct all correspondence to: Proskauer Rose LLP Date: February 12, 2007 1001 Pennsylvania Ave., N.W. vid W. Laub Suite 400 Reg. No.: 38,708 Tel. No.: (202) 416-6800 Attorney for the Applicant(s) Washington, D.C. 2004 Fax No.: (202) 416-6899 Proskauer Rose LLP Tel No.: (202) 416-6800 1001 Pennsylvania Ave., N.W. Fax No. (202) 416-6899 Suite 400 CUSTOMER NO: 61263 Washington, D.C. 20004

## FEE TRANSMITTAL FY 2006

Confirmation					1 No.	3154		
METHOD OF PAYMENT					FEE CALCULATION (continued)			
□ Payment Enclosed					4. ADDITIONAL FEES			
☐ Check ☐ Money Order ☒ Other					Large Entity	Small Entity		
The Commissioner is hereby authorized to credit or charge my fee indicated below for this submission to Deposit Account No. 50-3840					Fee( \$)	Fee (\$)	Fee Description	Fee Paid
Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fec or oath	
Additional fee required under 37 CFR 1.16 and 1.17.					50	25	Surcharge - late provisional filing fee or cover sheet	
Overpayment Credit.					130	130	Non-English specification	
					2,520	2,520	Request for ex parte re-examination	
FEE CALCULATION					120	60	Extension for reply within la mo.	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					450	225	Extension for reply within 2 <sup>nd</sup> mo.	
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.* less 2-month paid 1/12/07	285.00
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.	
Design	200	100	130		2,160	1,080	Extension for reply within 5th mo.	
Plant	200	300	160		500	250	Notice of Appeal	250.00
Reissue	300	500	600		500	250	Filing a brief in support of an appeal	
Provisional	200	0	0		1,000	500 0	Request for oral hearing Petitions to the Director	
			y Discount		180	180	Submission of IDS	
2. EXCESS CLAIM FEES Fee Small Entity					790	395	Filing a submission after final	
Each claim over 20 or, for Reissues, each claim					1		rejection (37 CFR 1.129(a))	_
Office 20 and more than in the original profession					790	395	For each additional invention to be	
Each independent claim over 3 or, for Reissues, 200 100 each independent claim more than in the original patent.					100	100	examined (37 CFR 1.129(b)) Certificate of Correction for applicant's	
Total Claims Extra Claims Fee Paid (\$)					130	65	error Submission of Terminal Disclaimer	
20.410								
-20 or HP= x \$ =  HP = highest number of total claims paid for, if greater than 20					Other fe	e (Specify)		
Indep. Claims Extra Claims Fee Paid (S)					1	,		
-3 or HP= 3 x S=						e (Specify)		
HP = highest number of total claims paid for, if greater than 3						- (Speeny)	4. TOTAL:	\$535.00
Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$) Claims 360 180								
							TOTAL AMOUNT	SUBMITTED
			2. TOTAL:				(\$5	35.00)
3. APPLICATION SIZE FEE							SIGNATURE BLOCK	
If the specification and drawing exceed 100 sheets of paper, the application size					1		n	
fee due is \$250 (\$125 for small entity) for each additional sheets or fraction					1		Respectfully submitted,	,,
there of: See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								//
Total Extra Sheets Additional 50 or fraction Fee (\$) Fee Sheets thereof Paid					Date: Feb	oruary 12, 2	2007 Hamble Lus	
					Reg. No.:	38,708	David W. Laub	
-100= 0	/50=		number x	= 0.00		(202) 416-		ıt(s)
3. TOTAL:					Fax No.: (202) 416-6899 Proskauer Rose LLP			
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